

CHIPPEWA VALLEY HIGH SCHOOL - JOB SHADOW APPLICATION 10-16-12

Student Name _____ Grade _____ Date _____

Address _____ Telephone _____

Job-Shadow Career Title _____

Job-Shadow Host Person/Title _____

Company/Organization _____

Address _____

Contact Person @ Site _____) Phone _____

e-mail of Contact Person @ Site _____

Date for Job-Shadow _____ Times _____

Special needs: Style of dress _____ Lunch _____
(Suit, business casual, shop clothes...)

Transportation Arrangements _____

Other _____

School personnel acknowledgement/approval, with understanding that any missed work will be made up.

	<u>Course</u>	<u>Teacher Initial</u>	<u>Notes</u>
1 st Hour	_____	_____	_____
2 nd Hour	_____	_____	_____
3 rd Hour	_____	_____	_____
4 th Hour	_____	_____	_____
5 th Hour	_____	_____	_____
6 th Hour	_____	_____	_____

Attendance Office – This student currently has _____ absences. _____
Date Initials

Parent Permission - I request that my son/daughter be excused from school to attend the job-shadowing experience outlined above.

Parent Signature Date
Parents, please call the CVHS attendance office at 586-723-2399 to report this absence.

Student, submit to your CTE instructor:

- A copy of this application form at least two weeks in advance of your job-shadow event.
- This form (afterwards) signed by a your host indicating your presence at the job-shadow event; and
- “Thank You” note(s) to your host(s) with stamped addressed envelope(s).
Your absence will then be recorded as a “school business, job-shadow field trip” which won’t count against your attendance.

I will abide by the Chippewa Valley Schools policies and guidelines for Job-Shadowing as outlined on the reverse side of this form.

Student Signature Date

CTE Department Instructor - Application approved by _____ Date _____

Job-Shadow Host - This student joined us for a job-shadowing experience on this date.

Host Signature _____ Date _____